

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37849**

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3177		Registrar's No. 175	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		1492	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital				d. STREET ADDRESS (If rural, give location) 420 N. Walker			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)		b. (Middle)		c. (Last) RICHARDSON	
4. DATE OF DEATH November 10, 1951		4. DATE (Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 19, 1877		9. AGE (in years last birthday) 74		IF UNDER 1 YEAR: Months 8 Days 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Barber		10b. KIND OF BUSINESS OR INDUSTRY Barbering		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME No Data		13b. MOTHER'S MAIDEN NAME No Data		14. NAME OF HUSBAND OR WIFE Letha Richardson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Letha Richardson ADDRESS Webb City, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Colon. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis. 153X				INTERVAL BETWEEN ONSET AND DEATH 10 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma Sigmoid Colon with Metastasis.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 8, 1951 , to Nov. 10, 1951 , that I last saw the deceased alive on Nov 10, 1951 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Wm Wells-John D.O. (Degree or title)				23b. ADDRESS 924 W. Dougherty		23c. DATE SIGNED 11/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 13, 1951		24c. NAME OF CEMETERY OR CREMATORY Oronogo Cemetery		24d. LOCATION (City, town, or county) (State) Cronogo, Missouri	
DATE REC'D BY LOCAL REG. Nov 12 51		REGISTRAR'S SIGNATURE J. E. Ditchfield		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis ADDRESS Webb City, Missouri			

RECEIVED 11-20-51
Jasper County Health Office

County File Number 51/11/853

Date Filed 11-20-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 19705

P. O. Address Webb City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.